

180

or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 134	
County of <u>Gila</u>	District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Claypool</u>	City of <u>Claypool</u>	Co. Registrar's No. 54	
(No. _____) St. _____ Ward _____		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Eleanor Mary Grash</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>
Legitimate? <u>yes</u>	Date of Birth <u>Feb - 5 - 1921</u>		
Full Name <u>FATHER</u>		Full Maiden Name <u>MOTHER</u>	
Name <u>John Samuel Grash</u>		Name <u>Hazel Honoron</u>	
Residence <u>Claypool Ariz</u>		Residence <u>Claypool Ariz</u>	
Color or Race <u>white</u>	Age at last Birthday <u>26</u> Years	Color or Race <u>white</u>	Age at last Birthday <u>23</u> Years
Birthplace <u>La</u>		Birthplace <u>Calo</u>	
Occupation <u>mechanic</u>		Occupation <u>housewife</u>	
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb - 5 - 1921, at 8 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature J. H. Slaughter  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report. \_\_\_\_\_ 191\_\_

Address Miami Ariz

578-205-845  
COUNTY REGISTRAR.

Filed July 9 1921

B. W. Hardy M.D.  
LOCAL REGISTRAR.

Filed July 9 1921

A True Copy (B. W. Hardy)  
COUNTY REGISTRAR.